

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$142.00 for dates of service 07/05/01 and 07/06/01.
- b. The request was received on 05/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 05/16/02
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. There was not a signed sheet found in the dispute packet. The 3 day response from the insurance carrier was received in the Division on 06/06/02. Therefore, all of the information in the case file will be reviewed and a decision will be written accordingly.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 05/16/02 that...

“Both of these services were billed appropriately, and according to TWCC guidelines. All services were submitted for reconsideration as required, and remain denied and in dispute. At this time, I am requesting an order to the carrier for reimbursement in the amount of \$142.00, plus accrued interest.”
2. Respondent: Position statement was not found in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/05/01 and 07/06/01.
2. The denial codes listed on the EOBs are “N-Not Documented, DOCUMENTATION DOES NOT SUPPORT BILLED CODE, OUR NURSE REVIEW UNIT HAS DETERMINED THAT CPT CODE 99203 IS A MORE APPROPRIATE CODE BASED UPON SUBMITTED DOCUMENTATION. T,204-Not According to Treatment Guidelines. A SEPARATE SERVICE/SUPPLY AND OTHER RELATED SERVICE WERE BILLED ON THE SAME DAY.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/05/01	99204	\$106.00	\$0.00	N-271	\$106.00	MFG E/M (IV)(C)(2) CPT descriptor	<p>“N-Not Documented, DOCUMENTATION DOES NOT SUPPORT BILLED CODE, OUR NURSE REVIEW UNIT HAS DETERMINED THAT CPT CODE 99203 IS A MORE APPROPRIATE CODE BASED UPON SUBMITTED DOCUMENTATION.”</p> <p>“Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity.” The medical documentation submitted for the office visit in dispute, indicates that all three key components were met or exceeded per the MFG. Therefore, reimbursement is recommended in the amount of \$106.00.</p>
07/06/01	95851	\$36.00	\$0.00	T-204	\$36.00	MFG E/M (IV)(A)(1) CPT descriptor	<p>The Carrier denied the charges as T,204-Not According to Treatment Guidelines. A SEPARATE SERVICE/SUPPLY AND OTHER RELATED SERVICE WERE BILLED ON THE SAME DAY.”</p> <p>The MFG does not state anywhere, except when the ROM is rendered by a physical or occupational therapist, that CPT code 95851 is global to 99213.</p> <p>According to the referenced Rule: “When the doctor performs a complete diagnostic service during an office visit (e.g, technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.”</p> <p>The documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$36.00.</p>
Totals		\$142.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$142.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$142.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30th day of October 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb